Challenge TB – Democratic Republic of Congo
Year 3

Quarterly Monitoring Report

April – June 2017

Submission date: July 31, 2017

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Cover photo: Presentation of certificates to National Reference Laboratory staff members for their participation in the workshop on external quality assurance on 18 April 2017 (Photo by Stéphane Mbuyi).

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Country	Democratic Republic of Congo (DRC)
Lead Partner	International Union Against Tuberculosis and Lung Disease (The Union)
Other partners	KNCV Tuberculosis Foundation (KNCV), Management Sciences of Health (MSH)
Work plan timeframe	October 2016 – September 2017
Reporting period	April – June 2017

1. Analytical Summary

Challenge TB (CTB) supported 8 out of 26 provinces in the Democratic Republic of Congo (DRC): Kasaï, Kasaï Central, Kasaï Oriental, Maniema, Mongala, Lomani, Sankuru and Sud Kivu.

The NTP data for case finding and treatment results are not yet available for this quarter and could not be analyzed. Instead, we reported the data from Q2 (Jan-March 2017). However, data on DR/XDR-TB and on specific interventions conducted by NGOs are available, reported and analyzed in this report.

The following key achievements were obtained during this quarter:

1.1. Contribution to find missing TB cases through the 4 local partner NGOs activities

a. Active case finding (ACF) activities conducted by the 4 local partners NGOs managed to identify 1,423 TB cases and contributed to find 14% (1,423/10,536) of all the TB cases notified in the 8 CTB-supported CPLTs. 116,073 persons were sensitized, 10,783 presumptive TB cases were referred, among those 1,423 TB cases (all forms) were identified. Out of all the cases identified 1,100 were bacteriologically confirmed TB (TBC) cases, 142 were clinically diagnosed TB (TBCD) cases and 181 were extra-pulmonary tuberculosis (EPTB) cases.

b. Contact investigation contributed to 1% (156/10,536) of TB cases notified. Investigation was conducted among 1,073 index cases, 6,330 contacts were visited by NGO members, 1,665 presumptive TB cases were identified, among which 1,107 were tested: 156 TB cases were identified (153 bacteriologically confirmed TB cases, two clinically confirmed TB cases and one extra-pulmonary TB case).

1.2. Improvement of drug-resistant TB detection

The number of detected RR-TB cases increased from 54 in Q2 to 81 cases in Q3 Year 3. This improvement was achieved through increased use of Xpert testing. Based on the ideal capacity of each Xpert machine, 7,200 tests can be done every quarter by the 18 Xpert machines currently available in the eight CTB-supported CPLTs. In Q2, the utilization rate of the Xpert machine was of 16% (1,160/7,200). In Q3, with 2,503 tests done, this proportion increased to 34% (2,503/7,200). This increase was obtained thanks to the improvement of sputum transportation and to the expansion of Xpert use to new TB cases, as the first diagnostic test in health zones of Kasai Oriental identified as an RR-TB hot spot during the resistance survey conducted recently in DRC.

1.3. Improvement of DR-TB management

The expansion of the use of the short treatment regimen (STR) as the standard regimen for RR-TB was achieved in the eight CTB-supported CPLTs. Among the 81 RR-TB cases identified this quarter, 78 (96%) started treatment after the initial assessment, two died before starting the treatment and one has not been found yet to start the treatment (investigation is ongoing to find this RR-TB case).

1.4. Improvement of pre-XDR and XDR-TB management

1. After a stock out of 11 months, bedaquiline (BDQ) was delivered to Kinshasa. Investigations were done to find the 11 pre-XDR and XDR-TB patients who had been on the waiting list since March 2017. Among them, two died before treatment initiation, one refused treatment, three were on the short regimen that was started before the DST 2nd line result was available, and five were put on treatment. Among the five patients that initiated BDQ, one died and as of this report, the condition of the four others has progressed well. These patients are being treated either in CEDA or Lubumbashi, and even if CTB is not directly involved in their care, CTB attends the DR-TB coordination meeting bi-weekly where these cases are discussed.

2. Additional equipment requested for patients management during their hospitalization at CEDA was delivered through CTB emergency funding.

1.5. Improvement of TB prevention in prison

During the quarter, TB control in prisons was improved through TB detection in the prisons of the 8 CTB-supported CPLTs including through active case finding campaigns (using GeneXpert examination after symptom screening) conducted in 2 prisons in Sud Kivu. The number of TB cases detected in prisons in the 8 CPLTs increased from 20 in Q2 to 86 in Q3. Among these 86 cases, 40 were detected in Sud Kivu (24 cases in Bukavu prison and 16 in Uvira prison). Following these campaigns, several infection control measures were implemented in these prisons, including the allocation of space for the isolation of TB prisoners. The contribution of CTB investment to this activity was crucial to avoid an escalation of the "TB crisis" in Sud Kivu prisons.

1.6. Other main activities this quarter:

1. Support given to the NTP by the CTB team for the finalization of the strategic plan, June 1-6, 2017 in Matadi, 20 participants from NTP, National AIDS Program (NAP), WHO, CTB, Damien foundation, Ministry of Health;

2. Participation in the workshop to revise NTP DR-TB guidelines, June 6-13, 2017 in Matadi;

3. Participation of the CTB country director in a meeting in Geneva, held on June 14, 2017, about and management of management of pre-XDR and XDR-TB patients in DRC and how CTB could contribute to improve the situation.

4. Participation of the CTB country director and senior program officer in CTB country directors meeting to review the year 3 results and to receive PMU's guidance on the presentation of the results for the last two years and on the APA4 development process (May 29, 2017 - June 2, 2017 in The Hague, Netherlands) and participation of the CTB DR-TB focal point in the lab management and new tool workshop (June 19-23, 2017 in The Hague, Netherlands).

5. Participation of the CTB team in contact investigation conducted among MDR-TB and XDR-TB patients (April 4, 2017 to June 15, 2017 in Kinshasa and April 25, 2017 to May 31, 2017 in Lubumbashi): for 64 index cases included, 800 contact cases were investigated (698 from Kinshasa and 102 from Lubumbashi): three TB cases were detected in Kinshasa, of whom one was identified as rifampicin-resistant (RR) and two were identified as Mtb – rifampicin sensitive. The 2nd line drug susceptibility test (DST) was done on the RR case, and as a result, a pre-XDR case was identified (fluoroquinolone (FQ) resistant) and put on adequate treatment. In Lubumbashi, no TB cases were detected.

Technical and administrative challenges and action to overcome them

A USAID mission was conducted in DRC from March 6-24, 2017 to investigate a significant number of deaths among patients treated with BDQ. After the mission and at the request of The Union and PMU, a meeting was held on June 14, 2017 in Geneva between the PMU HQ, The Union HQ and technical CTB advisor, the DRC CTB director, USAID Washington representatives (Agreement Officer Representative and CTB-DRC backstop and USAID consultants involved in the investigation mission) and the USAID mission technical advisor for TB.

The main discussion points were on the communication process, the need to improve XDR-TB patient management, and the problem of having to fill two different templates (one for the USAID mission and another one for PMU) for quarterly reports and annual planning represents for the CTB team.

At the end of this meeting, important action points to improve communication between stakeholders and to resolve the major technical and administrative challenges for DRC-CTB were agreed upon, including the production of one agreed template for quarterly reports and for the Year 4 annual plan.

The current major remaining challenges are the following:

1. Rationalization of USAID and Global Fund interventions has not been completed and it is not yet known how many provinces will be covered by Year 4.

1. Discussion with The Union on USAID's request to expand DR-TB activities to others provinces is ongoing.

2. The modification of targets and objectives after 2 years of project completion would pose a huge challenge.

These challenges could lead to a delay in the Year 4 work plan development and approval. An emergency meeting was suggested the last week of July 2017 to discuss and to develop a plan for the way forward.

2. Progress on CTB End-of-project SMART Expected Achievements

TB end-of-project SMART expected achievement	Baseline (Year)	Actual Result 2015	Actual Result 2016	Remarks (Year 3 progress to date, challenges, achievements)
The number of TB cases notified in the 8 CTB-supported provinces will increase from 34,540 in 2014 to 58,252 by 2019	34,540	35,811	40,538	To date in Year 3, 29,952 TB all forms were notified (8,671 in Q1; 10,745 in Q2 and 10,536 in Q3). The 2019 target can be reached through an annual increase of TB notification of at least 15% by strengthening implementation of active case finding among key high risk

				groups.
The treatment success rate will increase from 88% in 2014 to 90% (the national target) for the 2018 cohort	88%	88%	91%	The expected target of 90% of treatment success rate has already been reached and needs to be maintained in the future years.
The number of DR-TB cases notified in the 8 CTB-supported provinces will increase from 33 (which represented 12% of all MDR-TB cases in the country) in 2014 to 404 (which would represent 20% for all MDR-TB cases in DRC) in 2019	33	68	156	The number of DR-TB cases detected increased each quarter. To date in year 3, 195 DR-TB cases were detected (60 in Q1, 54 in Q2 and 81 in Q3). The 2019 target can be reached through an increase of an average of 60 DR-TB cases notified per quarter. This can be done through an increase in the number of patients tested among new and retreatment cases and enhanced accessibility to Xpert examination.
The number of DR-TB patients started on second-line treatment in the 8 CTB-supported provinces will increase from approximately 88% in 2015 to 100% by 2019.	18 (54%, 18/33)	60 (88%,60/68)	152 (97%, 152/156)	To date, 97% (190/195) of detected DR-TB cases started treatment (four died before starting treatment and one was lost before treatment initiation). The proportion of DR-TB patients who started treatment increased from 54% (18/33) in Year 2 to 97% (152/156) in year 3. To reach the expected target, this improvement needs to be maintained by ensuring the permanent availability of second line drugs and regular training

				and supervision of heath personnel.

3. Two Most Significant Achievements of This Quarter

Sub-objective/ Intervention Area	Description
Sub-objective 2. Comprehensive, high quality diagnostics/ Optimization of Xpert utilization (9.2: Evaluation of the use of Xpert devices within 8 CPLT by the CTB focal point using evaluation tools proposed by WHO)	To improve DR-TB detection, it is important to optimize the utilization of GeneXpert machines. The analysis of their use can be done based on an evaluation tool proposed by WHO. Since 18 GeneXpert machines with 40 modules were functioning in the 8 CTB-supported CPLTs in the 2 previous quarters, the number of 7,200 tests/quarter was calculated as the ideal number for the optimization of Xpert devices utilization based on this WHO tool. In Q1, 1,160 tests were done, in Q2 2,539 samples were collected and transported and 2,503 (97%) were tested by the laboratory technicians (LTs) at the provincial level. Xpert utilization rate increased from 16% (1,160/7,200) in Q2 to 34% (2,503/7,200) in Q3. This significant improvement was obtained through: 1. Training of laboratory technicians (LTs) on the use of new GeneXpert machines; 2. Permanent availability of electricity by using solar kits; 3. Expansion of Xpert test indications to new cases as first test, particularly in some RR-TB hot spot areas (Kasaï Oriental) applied by HCWs after supervision; 4. Improvement of the sputum transportation system. CTB was involved in the training of LTs, in the on the job training of HCWs during supervision and in the improvement of the sputum transportation system in the 8 CTB-supported CPLTs.
Sub-objective 3. Patient-centered care and treatment/ Improve MDR-TB treatment	As a result of the large increase in the number of samples tested by Xpert, the number of detected DR-TB cases increased from 54 in Q2 to 81 cases in Q3 Year 3, which represent 108% (81/75) of the Q3 quarter target. The vast majority of these detected DR-TB cases (96%: 78/81) started the second line treatment while one patient remains to be found and two patients died before they managed to start treatment. 27 of 27 (100%) patients placed on short-course DR-TB treatment in Q3 2016 were successfully treated and 27/27 (100%) had negative smear results at the end of treatment. CTB was involved in the assessment of the DR-TB sites, the formative supervision, the purchase of reagents for second line DST, the payment of initial clinical tests and nutritional support for treatment adherence.

4. Sub-award Status Update

#	Name of sub-awardee	Duration of sub-award		Deliverables		% Completion
		Start date	End date	All expected results	Achieved results so far	
1	Ambassadeurs de Lutte contre la Tuberculose (ALTB)	01/05/2017	29/12/2017	Screen 8,000 household contacts of all notified PTB+ and DR-TB index cases in the 22 health zones of the CPLT organize home visits in order to identify at least 10,000 presumptive TB cases and to refer them to CSDTs About 1,300 miners and household contacts will be visited by members of the NGO in order to detect TB among miners of Missisi (artisanal) Ensure the transport of sputum samples for 1,000 presumptive TB cases.	754 contacts were investigated, among whom 23 TB cases were detected. 19,730 people were sensitized, among whom 2,348 presumptive TB cases were identified and 251 TB cases detected. 260 sputum samples were transported for diagnosis and 29 for treatment follow up.	25
2	Club des Amis Damien (CAD)	01/05/2017	29/12/2017	Organize home visits in order to identify at least 6,100 presumptive TB cases (2,500 in Kasaï and 3,600 in Mongala) and to refer them to CSDTs. Identify about 12,500 household contacts	1,053 contacts were investigated, among whom 17 TB cases were detected. 5,175 people were sensitized, among whom 687 presumptive TB cases were identified and 54 TB cases were	25

				(9,000 in Kasaï and 3,500 in Mongala) of all notified PTB+ and DR-TB index cases in the CSDTs of the 2 CPLTs. Active detection of TB among workers in 3 mining sites in the province of Kasaï (Mutena, Kamonia, Tshikapa) and their families. Ensure the transport of sputum samples for 610 presumptive TB cases.	detected. 228 sputum samples transported for diagnosis and 29 for treatment follow up.	
3	Femme Plus	01/05/2017	29/12/2017	Organize home visits in order to identify at least 4,300 presumptive TB cases (1,800 in Maniema and 2,500 in Kasaï Central) and to refer them to CSDTs. Identify about 14,000 household contacts (5,000 in Maniema and 9,000 in Kasaï Central) Active detection of TB among workers in 5 mining sites in the province of Maniema Ensure the transport of sputum samples for 430 presumptive TB cases.	1,077 contacts were investigated, among whom 82 TB cases were detected. 12,444 people were sensitized, among whom 817 presumptive TB cases were identified and 220 TB cases were detected. 162 sputum samples were transported for diagnosis; no sputum was transported for treatment follow up.	25

4	Ligue Nationale Antituberculeuse et Antilépreuse du Congo (LNAC)	01/05/2017	29/12/2017	Organize home visits in order to identify at least 20,400 presumptive TB cases Identify about 22,000 household contacts Active detection of TB among workers in 13 mining sites in the province of Kasaï Oriental Ensure the transport of sputum samples for 2,040 presumptive TB cases	3,446 contacts were investigated, among whom 34 TB cases were detected. 78,721 people were sensitized, among whom 6,931 presumptive TB cases were identified and 898 TB cases were detected. 1,025 sputum samples were transported for diagnosis and 71 for treatment follow up.	25

5. Global Fund Update

Current Global Fund TB Grants

Name of grant & principal recipient *(i.e., TB NFM - MoH)*	**Average Rating***	**Latest Rating**	**Total Approved/ Signed Amount****	**Total Committed Amount**	**Total Disbursed to Date**
COD-T-MOH	NA	NA	US$13,831,917	US$12,134,950	US$9,667,006
COD-T-CARITAS	NA	NA	US$38,964,682	US$37,401,518	US$24,442,157
TOTAL	NA	NA	US$52,796,599	US$49,536,468	US$34,109,163

** Since January 2011*

*** Current NFM grant not cumulative amount; this information can be found on GF website or ask in country if possible*

In-country Global Fund status (key updates, current conditions, challenges and bottlenecks)

The main challenge of the Global Fund management was the low local disbursement of funds in the last quarter. This quarter, the CPLTs received half of the planned budget. The second half will be disbursed after 80% of the first disbursement has been spent; this second half will be sent together with 50% of the funding planned for the next quarter.

Challenge TB & Global Fund collaboration this quarter – Describe Challenge TB involvement in GF support/implementation

A monthly collaboration partners' meeting was held on June 29, 2017.

Challenge TB staff contributed to the response to the TRP clarification request. This response was prepared together with the NTP on June 7, 2017.

On June 12, 2017, a meeting was held with the GF portfolio manager Sandrine Lourenço in the CTB office. The goal of the meeting was to share ideas on the donor intervention streamlining process. The CTB country director stressed the need for CTB to keep supporting all activities in the 8 CTB-supported provinces and for the Global Fund to procure drugs, laboratory equipment and reagents and to provide incentives to all NTP staff members. The NTP was in agreement with CTB's suggestion. During this meeting, the CTB country director also shared information about CTB supported drug storage and distribution.

The USAID mission, the Global Fund portfolio manager and Action Damien are continuing to discuss how to implement this streamlining. The NTP advised them to be careful about geographic streamlining, bearing in mind that the USAID funding is annual and is not guaranteed until the end of the project. The USAID mission is not yet able to give us the package retained for this streamlining but confirmed that it will reduce the number of provinces to be supported in 2018 from eight to five. A transition period, the duration of which has not been fixed yet, will be implemented before support to the three relevant provinces ends.

6. Success Stories

Success story title:	DR TB patient was pleased with the short treatment regimen in the Kasai Oriental province
Intervention area of story:	3.2. Access to quality treatment and care ensured for TB, DR TB and TB/HIV for all risk groups from all care providers
Brief description of story idea:	This is the story of a 65-year-old man who has been treated for three episodes of tuberculosis (TB), including DR-TB. He was treated for TB for the first time in 2008-2009, relapsed in 2015 and was diagnosed to have DR-TB in 2016. He shares his experiences of TB care: screening, diagnosis and treatment. He also openly shares his experience with drug side effects that he developed during the short-course DR-TB treatment. This story proves how support, in his case from the Challenge TB project, encouraged him to fight the disease.
Status update *(including estimated date of completion)*:	My name is D.M. I was born on June 6, 1952 in the Kasaï Oriental Province. I am married and the father of 10 children: 6 girls and 4 boys. Only one of my children lives with my wife and me. I have been working as a driver for the MIBA society (Minière de Bakwanga) for 25 years. In June 2016, I was diagnosed with DR-TB and I started treatment. In the first four months, I went every day to the health facility to take the drugs. After a short time, I began suffering from nausea and vomiting. I was very tired. The nurse reassured me, explaining that these were the side effects of the new treatment, and gave me drugs to reduce these side effects. I received each month nutritional support (corn flour, oil, milk powder, sugar and beans). During the treatment, my lips and face were itchy but luckily this did not last for long. I had some temporary hearing problems. After some time, I began to feel much better compared to the period before treatment. The nurse asked me to do check-up examinations. According to her, the results were encouraging. My health improved every day and I gained 3kg. After only nine months, I completed the treatment in March 2017. Contact investigation in family: All my family supported me and they were investigated for TB. No one had TB among them. The nurse advised us to do this investigation again after six months but in case of cough, fever,

	fatigue, or loss of weight, she told us we should come to the health center.

7. Challenge TB-supported International Visits (technical and management-related trips)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Additional Remarks (Optional)
			Q1	Q2	Q3	Q 4				
1	The Union	Monicah Andefa		x			Financial & admin monitoring	Pending		To be reprogrammed to Q4.
2	KNCV	Nico Kalisvaart		x			The design to introduce an electronic recording system for the DR TB module	Pending		Reprogrammed to July 2017, however the consultant could not travel due to security issue in DRC. To be planned in Q4.
3	KNCV	Nico Kalisvaart		x			To develop a road map for case based electronic recording and reporting system	Pending		Reprogrammed to July 2017, however the consultant could not travel due to security issue in DRC. To be planned in Q4.
Total number of visits conducted (cumulative for fiscal year)								0		
Total number of visits planned in approved work plan								3		
Percent of planned international consultant visits conducted								0%		

8. CTB Products

Product(s) Last Quarter	Name of Product	Type of Product (e.g. Flyer, Brochure, Article, Banner, Newsletter, t-shirt, etc.)	Number of Products	Point of Contact	Web link
1	Complementing the biomedical approach through patient-led tuberculosis active case finding. Evaluation of a large-scale intervention in the Democratic Republic of Congo	Article - Union Conference Mexico	1	Olivier Bahati Rusumba Oliverus.mcd@gmail.com	
add lines as needed					

Annex 1. Year 3 activity progress

1. TB SCREENING

Suggested list of key activities	Milestones Q1 Oct – Dec 2016	Milestones Q2 Jan – March 2017	Milestones Q3 April – June 2017	Milestones Q4 July – Sept 2017	Year end 30 Sept 2017	Status April-June 2017	Milestone met? (Met, partially, not met)	Comments
1.1. TB case finding in health facilities by outpatients screening					**1,674,575 persons screened for TB**			**Data for the currently period is not available. We reported the data from the previous period Jan-March 2017** **The data available this quarter are for innovative approach: DR-TB, TB in prison, child TB, TB in private structures, active cases finding by local NGOs**
1.1. General outpatients and inpatients departments	**381,124**	**381,124**	**381,124**	**381,124**	**1,524,496 adults and children patients screened by health facilities**			This data is not collected by the NTP and in the absence of an electronic register was not available. CTB needs to propose the number of presumptive TB cases as the entry point of the cascade for NTP data.

1.1.1 Enhanced TB case finding in health facilities: CPS -pre/school consultation, pediatric consultations and wards, maternity		5,000 children screened by service providers	6,000 children screened by service providers	6,643 children screened by service providers	17,643	The following data currently available are from 23 CSDTs already trained by CTB from 4 CTB-supported CPLTs (namely, Kasaï Oriental, Lomami, Maniema and Kasaï Central). From April to June 2017, 6,407 children were screened for TB and 795 (12%) presumptive TB cases were identified. 316 (40%) were tested among whom 156 (49%) TB cases were identified. Among the 156 cases of TB: 68 (44%) are TB clinically diagnosed, 14 (9%) TB bacteriologically confirmed, and 74 (47%) extra-pulmonary TB cases. In Sankuru, in 2 nutritional centers, from May to June 2017, 32 malnourished children were screened, 7 (22%) presumptive TB cases	Met	The intensification of TB case finding among children in the nutritional centers is still at its beginning and will be strengthened in the next quarter and in APA4. To date, 463 nutritional centers were identified in 2 CTB-supported provinces (Sankuru and South Kivu) and started this activity. The other six CTB-supported provinces will start the activity in Q4.

						were identified and no TB cases were detected. In South Kivu 4,596 malnourished children were identified, 1,800 (39%) were screened, 206 (11%) diagnosed TB and 36 were put on IPT		
1.1.2 Long Distance Support for TB childhood data analysis (3 days per quarter) This support will include support for all high risk groups			TB childhood data analysis provided	TB childhood data analysis provided	Proportion of TB childhood among all TB cases known	From June 27-30, 2017, Childhood TB data were reviewed and comments were provided by The Union STTA (Nadia Aït-Khaled) and shared with the CTB team.	Met	
1.1.3 Improve the quality of TB services in **69 private health facilities** already connected with the NTP.	69 private health facilities supervised	69 private health facilities supervised	69 private health facilities supervised	69 private health facilities supervised	15,000 patients screened for TB by private health facilities 6% contribution (end of year target) of notified cases by the private sector met or surpassed	**Supervision**: from May to June 2017, 72% (50/69) private health facilities were supervised by CPLT staff (medical coordinator, nurse supervisor, lab technician) and CTB focal point. **Case detection:** From April to June	Met	In Q3, from April to June 2017, insecurity increased in Kasaï and Kasaï Central. As a result, 19 structures in Kasaï, Kasaï Central and Kasaï Oriental could not be supervised.

						2017, 531 TB cases all forms were detected by private structures, 71% (375/531) were PTB bacteriologically confirmed, 16% (86/531) clinically diagnosed and 13% (70/531) were EPTB. The majority of TB cases (59%: 313/531) were detected in Kasaï Oriental. **Contribution** to TB case detection among private structures was 5%.		
1.2. TB Screening in PLHIV								
1.2 **27,000** PLHIV will be screened for TB	**6,750**	**6,750**	**6,750**	**6,750**	**27,000 PLHIV screened for TB**			
1.2.1 Intensified TB case finding among PLHIV (1-day sensitization quarterly in the	6.750 PLHIV screened by HTC centers through intensified	6.750 PLHIV screened by HTC centers through intensified case	6.750 PLHIV screened by HTC centers through intensified case	6.750 PLHIV screened by HTC centers through intensified case	27.000 PLHIV screened by HTC centers through intensified case	From April to June 2017, 39% (2,623/6,750) PLHIV were screened by	Partially met	Mobility of trained staff is a challenge.

ARV care centers)	case finding	finding	finding	finding	finding	HTC centers. TB was excluded in 2,221 patients, 663 (30%) of whom were started on IPT therapy. 273 TB cases were identified and started on TB treatment.		
1.3. Screening of Malnourished Children under five years								
1.3. **47,643** children.		**15,000**	**16,000**	**16,643**	**47,643**			
1.3.1 Identify the center of nutrition and Nutrition clinics or center and nutrition rehabilitation centers including in "camps of refugees"		Number of rehabilitation centers in each CPLT/HZ			The number of centers of nutrition rehabilitation and refugee camps is known	In May and June 2017, 51 centers of nutritional rehabilitation were identified in general hospitals and 401 in peripheral health facilities in two provinces (South Kivu and Sankuru). Staff of these centers were briefed on active case finding.	Partially met	In Q4, the staff already briefed in Sankuru and South Kivu will start sensitization and test presumptive TB cases to detect TB among malnourished children. In Q4, centers will be identified to start progressively this activity in the other six CTB-supported CPLTs.
1.3.2 Brief health care workers in		Number of HCW trained				451 HCWs were briefed on active case	Partially met	In Q4, the briefing will be carried out in the six

Nutrition clinics						finding during supervision in two out of the 8 CTB-supported provinces.		remaining CPLTs.
1.3.3 Enhanced TB case finding in Nutrition clinics or center of nutrition rehabilitation		15,000 malnourished children screened	16,000 malnourished children screened	16,643 malnourished children screened		In Sankuru, in one nutritional center, 32 malnourished children were screened, 7 presumptive TB cases were identified, but no TB cases were detected.	Partially met	The activity is at its beginning and will be strengthened in the 8 CTB-supported provinces in Q4 and APA4.
1.4. Screening of household contacts of TB patients								
1.4. **51,435** household contacts will be screened for TB	**12,859**	**12,859**	**12,859**	**12,858**	**51,435**			
1.4.1 Active TB case finding among close contacts of an (infectious) index case (1day home visit quarterly)	Number of TB contact screened	Number of TB contact screened	Number of TB contact screened	Number of TB contact screened	1.4.1 Active TB case finding among close contacts of an (infectious) index case (1day home visit quarterly)	6,330 contacts of 1,075 index cases were identified by the 4 local NGOs; among them 1,665 were presumptive TB cases, 1,107 (66%) were tested for TB and 156 (14%) TB cases all forms were detected (152 bacteriologically confirmed, 3 clinically confirmed, 1 EPTB);	Partially met	NGOs will strengthen their activities to reach the target.

						all of them started rifampicin sensitive TB treatment.		
1.4.2 Organize quarterly meetings for data validation and reporting of the NGO activities (1quarterly meeting for 20 persons/CPLT)						N/A	N/A	NGOs were involved in the data validation meetings at the CPLTs and in the monthly meetings with the CSDTs.
1.5. TB Screening in Prisoners								
1.5. **6,000** persons in prisons will be screened for TB	**1,500**	**1,500**	**1,500**	**1,500**	**6,000 prisoners screened for TB**	**5,537**		
1.5.1. Organize Advocacy meetings in 2 big prisons per CPLT (1 day meeting/ each 6 month/ 16 prisons by 10 persons/CPLT in 8 CPLT) in the new prison		3 advocacy meetings held in 8 CPLTs	2 advocacy meetings held in 8 CPLTs		Prison authorities engaged of 16 prisons; 16 meetings held	Advocacy meetings were held in Mbuji Mayi, Kabinda, Muene-Ditu, Bukavu, Uvira and Mongala prisons in May and June 2017. The goal of these meetings was to organize the sensitization of prisoners and prison staff on TB detection and management in	Partially Met	Following this sensitization, the decision was made in Bukavu prison to allocate a specific room for TB prisoners and to set up infection control measures.

						the prisons, to allocate a space for TB prisoners and to set up infection control measures.		
1.5.2. Conduct a situational analysis of prisons that are not yet engaged (1 day mission/prison/3 persons in 2 prisons by CPLT, total 16 prisons in 8 CPLT)		Situational Analysis done in 16 prisons of 8 CPLTs			The prison population and their environmental conditions and health services are known	Situational analysis was done in Mbuji Mayi, Bukavu, Uvira, Muene-Ditu and Kabinda prisons in May 2017 by the CPLT medical coordinators. The main findings were: Poor implementation of infection control measures and lack of nutritional support for the prisoners on treatment. Prisoners sometimes refuse to take drugs without nutritional support. Nutritional support for prisoners and additional space for TB patients on treatment were recommended.	Partially met	

1.5.3. Active case finding among the new prisoners, previously and staff prisoner in 8 CPLT (pay X-ray fee)	Number of prisoners and staff screened and TB detected	Number of prisoners and staff screened and TB detected	Number of prisoners and staff screened and TB detected	Number of prisoners and staff screened and TB detected		From April to June 2017: Of the 6,313 prisoners, 88% (5,537/6,313) were sensitized, 32% (1,767/5,537) were presumptive TB cases, 100% (1,760/1,767) were investigated for TB, 5% (86/1,760) bacteriologically confirmed TB cases were identified, among whom nine RR-TB cases were detected. All TB patients started treatment: 100% prisoners identified as TB patients started a first line treatment regimen or a short treatment regimen.	Partially met	

1.6. TB Screening in Miners								
1.6. 3,000 miners will be screened for TB		**1000**	**1000**	**1000**	**3,000 miners screened for TB**			
1.6.1 Field visit of 1-2 persons to go to one Big mining setting in order to collect expected information		Collect expected information on miners and their community known	Collect expected information on miners and their community known		Situation analysis of miners population is known in 4 selected CPLTs	In April 2017, 4 mining sites were identified in three provinces (South Kivu, Maniema and in Kasaï Oriental).	Partially met	Target will be met in Q4.
1.6.2 Train RECO/OAC (community workers) of concerned HZs in active TB screening (1-day training of 25 persons / HZ)		100 Reco / OAS trained in the mining Health zone identified Kasai Oriental, Kasai, Maniema, Sud Kivu)			100 Reco / OAS trained of whom 40 miners	From April to June 2017, 346 community members (14 females and 332 males) were trained in the 8 CTB-supported provinces.	Partially met	Community members in Kasaï Oriental will be trained in August 2017.
1.6.3. Active TB case finding among miners in Kasai oriental TB cases in mining area (see NGO budgets)		1,000 miners screened by NGOs through active case finding	1,000 miners screened by NGOs through active case finding	1,000 miners screened by NGOs through active case finding	3.000 miners screened by NGOs through active case finding	From January to March 2017, The NTP identified 125 TB cases among miners, of whom 77 TB cases were identified in South Kivu. From April to June 2017, Community members started sensitization in the Massisi mining	Partially met	

						(South Kivu).		

2. TB DIAGNOSIS: 90% (290,923/322,790) of presumptive TB cases investigated: 42,991 TB all forms identified and 300 RR-TB confirmed

Suggested list of key activities	**Milestones Q1 Oct – Dec 2016**	**Milestones Q2 Jan – March 2017**	**Milestones Q3 April – June 2017**	**Milestones Q4 July – Sept 2017**	**Year end 30 Sept 2017**	**Status**	**Milestone met? (Met, partially, not met)**	**Comments**
2.1 Ensuring that **90% (290,923/322,790** cases) TB presumed diagnosed with results (Ziehl, GeneXpert, culture)	72,731	72,731	72,731	72,731	290,923			
2.2 Diagnosis confirmation: **42,991 TB all forms and 300 RR-TB**	10,748 TB 75 RR-TB	10,748 TB 75 RR-TB	10,748 TB 75 RR-TB	10,747 TB 75 RR-TB	42,991 TB 300 RR-TB	10,536 TB all forms 81 RR-TB	Met Met	6 health zones in Kasaï did not send data due to the insecurity situation.
2.2.1 Purchase Box containers for sputum transportation		400 box containers available				400 box containers were purchased and delivered to the NTP in May 2017.	Met	

2.2.2 Distribute 20.000 Xpert cartridges/CPLT		10.000 cartridges available at each CPLT		10.000 cartridges available at each CPLT	No stock outs of cartridges; 20.000 cartridges distributed	In Q3, 400 cartridges requested by the CLPLTs were sent with CTB support. At the central level, 416 cartridges expired in May 2017 (200 in Kinshasa, 216 in Tshopo). 1,450 cartridges are available with expiry date in 2019.	Met	Better attention is needed to avoid expiry of cartridges, applying the rule to use first the cartridges with the nearest expiry date.
2.2.3 Ensure maintenance of laboratories equipment in the 8 CPLTs (replacement modules, solar kits etc.) and maintain preventive and curative equipment semiannually at the LNRM and 8 CPLT (make a contract with a home maintenance).		8 maintenance kits for microscopy and Xpert available in 8 CPLTs Preventive maintenance provided at NRL and PL		Preventive maintenance provided at NRL and PL	All microscopes and Xpert machines are functional	N/A	N/A	
2.2.4 Transport samples from the community to CSDT for microscopy examination (purchase of transportation boxes and transport costs in	2,500 samples transported to CSDT	2,500 samples transported to CSDT	2,500 samples transported to CSDT	2,500 samples transported to CSDT	10,000 samples transported to CSDT for microscopy	From April to June 2017: 72% (1,804/2,500) samples were transported for TB detection (1,675) and for treatment	Partially met	Around 60% of the territory of the 8 CTB-supported CPLTs is covered by partner NGOs. It is not possible to ensure sputum

NGO budgets)						follow up (129) by NGOs.		transportation in areas not covered by these NGOs.
2.2.5 Provide financial support for the sample transportation from CDST or other health facilities to GeneXpert diagnostic centers	3,125 Samples transported to GeneXpert diagnostic centers	3,125 Samples transported to GeneXpert diagnostic centers	3,125 Samples transported to GeneXpert diagnostic centers	3,125 Samples transported to GeneXpert diagnostic centers	12,500 Samples transported to GeneXpert diagnostic centers	In Q3: 83% (2,590/3,125) of expected samples were transported from CSDTs to provincial laboratories located in CPLTs, of which 97% (2,503/2,590) were tested by GeneXpert.	Met	Transportation system has improved since the previous quarter. Over 80% is considered as met
2.2.6 Transport specimens to the culture laboratory (1 monthly shipment from CPLT to the NRL (by DHL)	270 samples sent to the NRL	270 samples sent to the NRL	270 samples sent to the NRL	270 samples sent to the NRL	1,080 samples sent to the NRL	318 samples were sent to the NRL. Among them, 84 samples were tested for confirmation of drug resistance by culture and DST and 244 for treatment monitoring.	Met	
2.2.7 Provide transport of laboratory supplies to HZs quarterly	laboratory supplies available in CTB supported Health Zones	laboratory supplies available in CTB supported Health Zones	laboratory supplies available in CTB supported Health Zones	laboratory supplies available in CTB supported Health Zones	No stock outs of reagents in health zones	At facility level in health zones, laboratory supplies were available; no stock out was reported in Q3.	Met	

2.2.8 Provide transport of laboratory supplies to CSDTs monthly	laboratory supplies available at health facility level	laboratory supplies available at health facility level	laboratory supplies available at health facility level	laboratory supplies available at health facility level	No stock outs of reagents at CSDTs	Laboratory supplies were available without any stock out reported in Q3.	Met	
2.2.10 Train LTs in use of new GeneXpert machines recently acquired by 8 CPLT (5 day training by CPLT for 2 persons by machine GeneXpert, total 20 persons)		20 persons trained for use of 10 GeneXpert machine			20 persons trained for use of 10 GeneXpert machine (2 TLs per machine)	From June 22-30, 2017, four LTs were trained in use of Xpert machines at Kasongo in Maniema and at Lusambo in Sankuru. The training was done by already trained provincial LTs assisted by the LT from the national level.	Partially met	Instead of 10 machines previously planned to be located in CTB provinces, only 6 new machines were given by The NTP. For this reason, CTB has to train only 12 LTs. 6 have already been trained (2 in Q2 and 4 in Q3) and the 6 others will be trained in Q4.
2.3 100% (560 CSDT) participation in EQA and 90% (504 CSDT) performing satisfactorily	60% participation and 50% of performance	70% participation and 65% of performance	80% participation and 75% of performance	100% participation and 90% of performance	100% participation and 90% (504) of performance (90-100% concordance 10, less error quantification 5, discordance 0 a total of 90-100% is considered as performance.	87% (488/560) participation and 83% (405/488) performance	Met	

2.3.1 Organize 5-day training on quality control for staff at central level (1 session of 5 day in Kinshasa for 20 persons non residence)	20 persons trained to be national trainer in EQA				20 persons trained to be national trainers in EQA	From April 13-18, 2017, 24 lab technicians (13 females and 11 males) were trained in EQA at the National Reference Laboratory. Their focus will now be to monitor the EQA in the 27 CPLTs.	Met	

3. INITIATION OF TB TREATMENT. 40 703 TB patients and 285 RR-TB patients initiated treatment

Suggested list of key activities	**Milestones Q1 Oct – Dec 2016**	**Milestones Q2 Jan – March 2017**	**Milestones Q3 April – June 2017**	**Milestones Q4 July – Sept 2017**	**Year end 30 Sept 2017**	**Status**	**Milestone met? (Met, partially, not met)**	**Comments**
3.1 Treat 95% **(40,703/42,846)** TB patients with first line drugs	10,176	10,176	10,176	10,175	40,703	From January to March 2017, 10,437	Met	
3.2 95 % (285/300) of diagnosed (or MDR) TB patients treated	71 patients put on treatment	71 patients put on treatment	71 patients put on treatment	72 patients put on treatment	285	From April to June 2017, 78 patients were put on the short-course treatment.	Met	

3.2.1 Set up a network for the record of pre inclusion and monitoring around structures with acceptable technical platform (payment of 285 biochemistry tests, Hematology, purchase and distribute 24 audiometer devices and ECG)	Fees for the test of at least 65 inpatients in 8 CPLTs paid	Fees for the test of at least 130 inpatients in 8 CPLTs paid	Fees for the test of at least 195 inpatients in 8 CPLTs paid	Fees for the test of at least 285 inpatients in 8 CPLTs paid	Biological tests performed free of charge for at least 285 DR-TB patients	From April 2017 to June, 2017, the test fees were paid for 114 DR-TB patients: 78 for the initial assessment of patients identified this quarter and 36 for patients identified previously for treatment monitoring.	Met	
3.2.2 Purchase and distribute 8 audiometer devices, 8 echocardiography machines and 8 spectrophotometers in 8CPLT		Devices available in health facilities			Equipment purchased, distributed and in use for DR-TB patients	8 Audiometer, 8 electrocardiograph and 8 spectrophotometer devices were purchased and distributed.	Met	The equipment could not be used without reagents and training. The MOT was done for provincial lab training to be held in Kinshasa in August 2017. HCW have already been trained in the use of audiometers.
3.2.3 Transport drugs from CPLT to HZ and to C(D)ST level	drugs available at health facility level	drugs available at health facility level	drugs available at health facility level	drugs available at health facility level	No stock outs of drugs	The first and second line anti-TB drugs were available in the 8 CTB-supported CPLTs.	Met	

4. SUCESSFUL COMPLETION OF TB TREATMENT 90% (36,758/40,842) of patients on first line and 80% (228/285) of patients on second line

Suggested list of key activities	**Milestones Q1 Oct – Dec 2016**	**Milestones Q2 Jan – March 2017**	**Milestones Q3 April – June 2017**	**Milestones Q4 July – Sept 2017**	**Year end 30 Sept 2017**	**Status**	**Milestone met? (Met, partially, not met)**	**Comments**
4.1 A least **90% (36,758/40,842)** of bacteriologically positive TB patients are cured	90% of cohort 2015	90% of cohort 2016	90% of cohort 2016	90% of cohort 2016		91% (5,155/5,656)	Met	
4.1.1 Involve NGOs in treatment adherence/lost to follow up (LTFU) activities (pay fees for home visits quarterly)	At least 7 DR-TB and 103TB LTFU patients re-initiated on treatment	At least 7 DR-TB and 103TB LTFU patients re-initiated on treatment	At least 7 DR-TB and 103TB LTFU patients re-initiated on treatment	At least 7 DR-TB and 103TB LTFU patients re-initiated on treatment	At least 28 DR TB cases and 412 TB LTFU patients re-initiated on treatment by the 4 local NGOs	From April to June 2017, 58% (38/68) LTFU TB patients were reinitiated on treatment through NGOs activity. All patients have drug-sensitive TB.	Partially met	The target was set at a high level (around 10%). In reality, we are able to find fewer patients (2-3%).
4.1.2 Transporting the second-line drugs and drugs against adverse effects (AE) and materials / biosafety equipment from central level to facilities, from CPLT to HZ and HZ to CSDT / CST level	drugs and supplies/materials available at all levels	drugs and supplies/materials available at all levels	drugs and supplies/materials available at all levels	drugs and supplies/materials available at all levels		The first and second line anti-TB drugs were available in the 8 CTB-supported CPLTs.	Met	

Suggested list of key activities	Milestones Q1 Oct – Dec 2016	Milestones Q2 Jan – March 2017	Milestones Q3 April – June 2017	Milestones Q4 July – Sept 2017	Year end 30 Sept 2017	Status	Milestone met? (Met, partially, not met)	Comments
4.2 Success rate of RR -TB : 80% (**228/285)**	Evaluation of cohort at the end of the treatment	Evaluation of cohort at the end of the treatment	Evaluation of cohort at the end of the treatment	Evaluation of cohort at the end of the treatment	At least 80% of patients cured	100% (27/27).	Met	Short regimen Q3 2016 cohort.
4.2.2 Establish a system of pharmacovigilance at HZ level (2 days briefing of 632 people in 8CPLTs)		420 health providers trained on aDSM	212 health providers trained on aDSM		aDSM committee in place in each HZ	From May 12-19, 2017, during the field visit in Tshumbe health zone in Sankuru province, ten health care workers (3 females and 7 males) were trained in pharmacovigilance.	Partially met	This activity is reprogrammed to Q4 and will be done during supervision visits with pharmacovigilance staff in the seven other CTB supported provinces.
4.2.3 Organize 2 annual supervisions on DR-TB management and treatment by 2 persons to 8 CPLTs (1 NTP and 1 CTB, 7 days) to improve the quality of DR-TB care using standard monitoring tools	Quality of DR-TB cascade of care evaluated in 4 CPLTs	Quality of DR-TB cascade of care evaluated in 4 CPLTs	Quality of DR-TB cascade of care evaluated in 4 CPLTs	Quality of DR-TB cascade of care evaluated in 4 CPLTs	Quality of DR-TB care improved	Quality of DR-TB cascade was evaluated as follows: 2,590 samples were collected and transported, 2,503 (97%) were tested by the lab technicians at the provincial level, 625 (25%) TB cases were identified, among them 81 (13%,	Met	

Suggested list of key activities	Milestones Q1 Oct – Dec 2016	Milestones Q2 Jan – March 2017	Milestones Q3 April – June 2017	Milestones Q4 July – Sept 2017	Year end 30 Sept 2017	Status	Milestone met? (Met, partially, not met)	Comments
						81/625) were RR-TB cases. Among the 81 RR-TB cases, 30 are new TB cases and 51 are retreatment cases.		
4.2.4 Conduct assessments of CSDTs providing DR-TB short course treatment by the LTTA (1 clinician quarterly 10 days per CPLT)	Assessment done in each CPLT	Assessment done in each CPLT	Assessment done in each CPLT	Assessment done in each CPLT	Assessments done by CPLT of CSDTs providing DR-TB treatment	From May 18-25, 2017, the DR-TB site in South Kivu was assessed by Professor Kashongwe and the CPLT staff representative. The main findings were the following: 8 DR-TB cases were notified and put on treatment: 5 on the short treatment regimen (STR) and 3 on the long treatment regimen (LTR) (BDQ is not yet available in South Kivu) Patient follow-up was adequate and biological and clinical investigations were	Partially Met	The assessment started late because the consultant was not available earlier. A second consultant has been identified to help with this assessment in Q4.

Suggested list of key activities	Milestones Q1 Oct – Dec 2016	Milestones Q2 Jan – March 2017	Milestones Q3 April – June 2017	Milestones Q4 July – Sept 2017	Year end 30 Sept 2017	Status	Milestone met? (Met, partially, not met)	Comments
						done during the treatment. Medical staff was involved in patient care. Second line DST was done for all 8 DR-TB patients, no pre-XDR or XDR-TB case was identified.		
4.2.5 Support local LTTA (clinician) to monitor patients on DR-TB treatment in 8 CPLTs		95% of MDR - TB patient adhere to treatment	95% of MDR - TB patient adhere to treatment	95% of MDR - TB patient adhere to treatment		27 DR-TB patients started on the short regimen in Q3 Year 2 were successfully treated (100%) and had negative smear results at the end of treatment. 96% (78/81) DR-TB cases notified in Q3 Year 3 started their treatment.	Met	
4.2.6 A STTA to follow up the short course regimen (at distance support for 10 days)		Monitoring and evaluation of Short court regimen by STTA		Monitoring and evaluation of Short court regimen by STTA		N/A	N/A	
4.3 Number of DR-TB cases starting regimens containing	2	2	2	2	8	0		

Suggested list of key activities	Milestones Q1 Oct – Dec 2016	Milestones Q2 Jan – March 2017	Milestones Q3 April – June 2017	Milestones Q4 July – Sept 2017	Year end 30 Sept 2017	Status	Milestone met? (Met, partially, not met)	Comments
Bedaquiline								
4.3.1 Provide 8 CPLTs with new drugs for the treatment of pre-XDR- and XDR-TB		New drugs available at the health center where the patient is treated	New drugs available at the health center where the patient is treated	New drugs available at the health center where the patient is treated	Uninterrupted drug supply	From April to June 2017 bedaquiline was available. Three new pre-XDR and XDR-TB cases were notified in Q3 (1 at CEDA, 1 in Kongo Central and 1 in Tshopo). As at end June, they have not started treatment yet (the delay is due to availability of the drug that can only be used after the case is discussed by the committee, also, some drugs as imipenem/cilastatat in had to be purchased) No pre-XDR/ XDR-TB patients were diagnosed in Q3 in the 8 CTB-supported provinces among the samples sent to the NRL for second line DST.	Met	

Suggested list of key activities	Milestones Q1 Oct – Dec 2016	Milestones Q2 Jan – March 2017	Milestones Q3 April – June 2017	Milestones Q4 July – Sept 2017	Year end 30 Sept 2017	Status	Milestone met? (Met, partially, not met)	Comments
						The purchase of delamanid needed for the treatment of some XDR-TB patients was funded by USAID. To avoid long delays in delivery, a local purchase of 1,803 tablets was done for two patients. Drugs were delivered in June 2017. The first patient will start treatment on July 2017.		

5. TB PREVENTION

Suggested list of key activities	Milestones Q1 Oct – Dec 2016	Milestones Q2 Jan – March 2017	Milestones Q3 April – June 2017	Milestones Q4 July – Sept 2017	Year end 30 Sept 2017	Status	Milestone met? (Met, partially, not met)	Comments
5.1.1 Number of children under 5 years old who initiated IPT	790	790	790	790	3160	80% (629/790)	Not met	There is a high Turnover of staff trained for INH administration. We

Suggested list of key activities	Milestones Q1 Oct – Dec 2016	Milestones Q2 Jan – March 2017	Milestones Q3 April – June 2017	Milestones Q4 July – Sept 2017	Year end 30 Sept 2017	Status	Milestone met? (Met, partially, not met)	Comments
								will do on the job training in order to train the new staff on IPT.
5.1.2 Provide INH to CSDT and CST by CPLTs INH available in health facility level	INH available in health facility level	INH available in health facility level	INH available in health facility level	## of treatment courses for eligible PLHIV and <5s provided; no stock outs of INH		INH is available at the health facility level.	Met	
5.2.1 Number and % of health workers diagnosed with TB	data collected in the field	data collected in the field	data collected in the field	data collected in the field		N/A		
5.2.1 Make an assessment of the TB situation among health workers through validation meeting given in the 8 CPLT (pay for snacks for 15 people CPLT quarterly) Collect quarterly data on #/% of HCWs diagnosed with TB (all forms) in the 8CPLTs	#/% of HCWs notified with TB reported	#/% of HCWs notified with TB reported	#/% of HCWs notified with TB reported	#/% of HCWs notified with TB reported	#/% of HCWs notified with TB reported	TB assessment among HCWs was delayed and will be done in Q4.	Not met	Planned in Q4.
5.2.2 HCW tested by X-ray		280 HCW tested by X-ray	281 HCW tested by X-ray		560 HCWs tested by x-ray	The HCWs were not tested by X-ray.	Not met	Planned in Q4.

Suggested list of key activities	Milestones Q1 Oct – Dec 2016	Milestones Q2 Jan – March 2017	Milestones Q3 April – June 2017	Milestones Q4 July – Sept 2017	Year end 30 Sept 2017	Status	Milestone met? (Met, partially, not met)	Comments
5.2.3 HCW test by Xpert		TBD	TBD		TBD	The HCWs were not tested by Xpert.	Not met	Planned in Q4.
5.2.4 Purchase N95 respirators and ordinary face masks (1500 respirators and 5000 face masks)		1,500 respirators and 5000 ordinary face masks paid			1,500 respirators and 5,000 ordinary face masks made available.	In May 2017, 1,500 respirators and 5,000 ordinary face masks were purchased and distributed in the 8 CTB-supported provinces.	Met	

6. TB SUPPLY CHAIN

Suggested list of key activities	Milestones Q1 Oct – Dec 2016	Milestones Q2 Jan – March 2017	Milestones Q3 April – June 2017	Milestones Q4 July – Sept 2017	Year end 30 Sept 2017	Status	Milestone met? (Met, partially, not met)	Comments
6.1 Number of stock-outs of anti TB drugs	0 days of stock out	0 days of stock out	0 days of stock out	0 days of stock out		0 days of stock out	Met	
6.1.1 Ensure the annual payment of the fees for storage costs and the distribution of	annual fees paid and distribution					The payment of storage fees was done in 7 CPLTs.	Partially Met	The distribution fee is still in discussion with CDR (Central center of

drugs and inputs with the local «Central center of purchasing and distribution" at 8 CPLTs	done							purchasing and distribution) in Maniema.
6.1.2 Ensure close monitoring of stock management in the HZs (pay fees for Logistician for quarterly supervision, 10 days of work per CPLT)	10 days of stock management supervision done by Logistician	10 days of stock management supervision done by Logistician	10 days of stock management supervision done by Logistician	10 days of stock management supervision done by Logistician	320 days quarterly supervision of stock at HZ level of 8 CPLTs	From April to June 2017, TB drug monitoring was done by each CPLT logistician in the 7 CPLTs. No stock out was identified. However, poor TB drug management was identified in many CSDTs (non- or poor completion of stock cards, copy of drug delivery documents not archived…)	Met	Lomami does not have a CDR (Central center of purchasing and distribution) yet. It uses the CDR of Kasaï Oriental.

7. TB DATA, ANALYSIS, AND REPORTING

Suggested list of key activities	**Milestones Q1 Oct – Dec 2016**	**Milestones Q2 Jan – March 2017**	**Milestones Q3 April – June 2017**	**Milestones Q4 July – Sept 2017**	**Year end 30 Sept 2017**	**Status**	**Milestone met? (Met, partially, not met)**	**Comments**
7.1.Number and % of CPLTs that timely submitted the complete quarterly reports	100% of report validated and timely submitted	100% of report validated and timely submitted	100% of report validated and timely submitted	100% of report validated and timely submitted		100% of report validated for CTB activities timely submitted.	Partially Met	CTB data according to new approach: DR-TB, TB in prison, TB in private sector, ACF

Suggested list of key activities	Milestones Q1 Oct – Dec 2016	Milestones Q2 Jan – March 2017	Milestones Q3 April – June 2017	Milestones Q4 July – Sept 2017	Year end 30 Sept 2017	Status	Milestone met? (Met, partially, not met)	Comments
								by NGOs. NTP data not yet available.
7.1.1 Support semester data validation meetings in 8 CPLTs (396 people expected including 2 from each HZ, 2 by division by 8 CPLT)		1 meeting of data validation organized in each CPLT		1 meeting of data validation organized in each CPLT	24 meetings held; data are validated	N/A	N/A	
7.1.2 Pay the telephone fees for data transmission through GxAlert for each of the 8 CPLTs	Data of 26 GeneXpert machines in 8CPLTs centrally compiled and analyzed through GxAlert network	Data of 26 GeneXpert machines in 8CPLTs centrally compiled and analyzed through GxAlert network	Data of 26 GeneXpert machines in 8CPLTs centrally compiled and analyzed through GxAlert network	Data of 26 GeneXpert machines in 8CPLTs centrally compiled and analyzed through GxAlert network	Critical data on GeneXpert utilization, functioning and communication monitored real time	Data were not transmitted by sms through GxAlert.	Not met	The Global Fund is involved to resolve this situation in the coming days, they will fund the implementation of GxAlert.
7.1.4 Set up an electronic registration system for tracking the treatment of DR-TB cases in Kasai Oriental, Kasai Central and Sud Kivu (10,5 days for STTA) and improved DR-TB module		DR-TB Module improved for electronic TB monitoring management	ERR pilot study conduct by the STTA		MDR-TB module piloted in selected CPLTs	The STTA for electronic registration system and DR-TB module has not been done yet.	Not met	Due to insecurity, the STTA is postponed to Q4.

Suggested list of key activities	Milestones Q1 Oct – Dec 2016	Milestones Q2 Jan – March 2017	Milestones Q3 April – June 2017	Milestones Q4 July – Sept 2017	Year end 30 Sept 2017	Status	Milestone met? (Met, partially, not met)	Comments
7.1.5. Support quarterly CSDT monitoring meetings to generate validated data before HZ monitoring meetings.(50$ / CSDT and 1 day meeting) in 8 CPLTs	560 meetings held	560 meetings held	560 meetings held	560 meetings held	2,240 Meeting Activities and results are monitored closely	From May to June 2017, at least 1,120 monthly meetings were held by the CSDTs supervised by the health zones (two meetings in each CSDT). The HCWs from CSTs seemed motivated to participate in these meetings. NGO staff members were also involved.	Met	The activity started in May 2017 with the first meeting to validate the data from April. In Q4, the three meetings planned for the quarter will be done.
7.1.6 Organize the annual national TB review (support 50 people for 3 days)			review held at national level		The implementation status of NTP activities is known at national level and recommendations for improvement are available.	N/A	N/A	The annual review is planned in August 2017.

8. STRENGTHEN STAFF CAPACITIES

Suggested list of key activities	Milestones Q1 Oct – Dec 2016	Milestones Q2 Jan – March 2017	Milestones Q3 April – June 2017	Milestones Q4 July – Sept 2017	Year end 30 Sept 2017	Status	Milestone met? (Met, partially, not met)	Comments
8.1.1 Strengthen capacity of the NTP through recruitment of one Specialist in drug and supply chain management		1 person recruited				The new specialist in drug and supply management was recruited and started his job in June 2017.	Met	
8.1.2 Participation of 2 persons at TB/HIV UNION meeting organized in Paris each year			2 persons participated			Activity cancelled in APA3.	N/A	
8.1.3 Participation of 3 persons in the annual CTB Country Directors, Deputy Directors and M&E meeting organized in The Hague by PMU			3 persons participated		Updated on new developments and focus areas of the CTB program; both project management and technical topics related	3 persons participated	Met	

9. STRENGTHEN THE HEALTH SYSTEM

Suggested list of key activities	Milestones Q1 Oct – Dec 2016	Milestones Q2 Jan – March 2017	Milestones Q3 April – June 2017	Milestones Q4 July – Sept 2017	Year end 30 Sept 2017	Status	Milestone met? (Met, partially, not met)	Comments
9.1.Contribute to the functioning of the National Reference Laboratory (cost to appreciate)	Contribution provided for sample transported for culture and for sending culture result to CPLTs	Contribution provided for sample transported for culture and for sending culture result to CPLTs	Contribution provided for sample transported for culture and for sending culture result to CPLTs	Contribution provided for sample transported for culture and for sending culture result to CPLTs		The NRL was functioning in a satisfactory manner: Internet services were provided. 328 samples were tested at the NRL in Q3. Among them, 84 for confirmation of drug resistance by culture and DST and 244 for treatment monitoring.	Met	The reagents for second line DST were not available in April 2017 during 30 days due to a delay in the purchase of eggs for culture.
9.2 Evaluation of the use of Xpert devices within 8 CPLT by the CTB focal point using evaluation tools proposed by NTP		4CPLT evaluated in using Xpert	4CPLT evaluated in using Xpert		The functioning of all Xpert in the 8 CTB CPLT supported is known	2,539 samples were collected and transported and 2,503 (97%) were tested by the lab technicians at the provincial level through 40 modules functioning through the 18 Xpert machines available in the 8 CTB–supported provinces (7,200 /	Met	Among several issues causing underutilization of GX machines, the main issues identified are the following: - Some modules were not functioning (plan for replacement will be created by NTP and funded by GF). - A lack of electricity

Suggested list of key activities	Milestones Q1 Oct – Dec 2016	Milestones Q2 Jan – March 2017	Milestones Q3 April – June 2017	Milestones Q4 July – Sept 2017	Year end 30 Sept 2017	Status	Milestone met? (Met, partially, not met)	Comments
						per quarter). The utilization of the Xpert machines was around 34% (2,503/7,200) in this quarter.		in (ten facilities in South kivu, one in Sankuru and one in Maniema) - Lack of cartridges - Inadequate location of the machines (we are currently lobbying the MoH to relocate the machine)
9.3. Provide LNRM on the kit of DST for 2nd line drugs (LPA / HAIN test) of all TB patients that should be tested for RR and AG FLQ)		LNRM provided on kits of DST for the 2 line drugs				The reagents for second line DST (96 genotype tests and 96 genolyse tests) were delivered on May 25, 2017. 24 tests were done. Two pre-XDR cases resistant to FQ and one XDR-TB case were identified. The remaining 21 cases tested were sensitive.	Met	The NTP used the equipment of INRB and Bukavu Hospital to carry out the Hain tests.

Suggested list of key activities	Milestones Q1 Oct – Dec 2016	Milestones Q2 Jan – March 2017	Milestones Q3 April – June 2017	Milestones Q4 July – Sept 2017	Year end 30 Sept 2017	Status	Milestone met? (Met, partially, not met)	Comments
9.4 Pay the Internet connection fees for NTP and 8 CPLT	Internet connection fees paid	Internet connection fees paid	Internet connection fees paid	Internet connection fees paid	Internet connectivity ensured	Internet connection fees were paid for all CPLTs and for the central level.	Met	
9.5 Support the Damien Center of Excellence in the management of XDR patients (see the needs of CEDA)		CEDA supported				In June 2017, the following equipment was provided to CEDA: Electrocardiograph and oxygen concentrator.	Met	
9.6 Fuel allowance for generator, motorcycle and car, 600 liters at central level and 400 liters at CPLT monthly	Fuel allowance provided	Fuel allowance provided	Fuel allowance provided	Fuel allowance provided		In Q3, a fuel allowance was provided to the 8 CTB-supported CPLTs and the central unit with an average of 400 liters per CPLT and 800 liters at the central level.	Met	

10. TB SUPERVISION

Suggested list of key activities	Milestones Q1	Milestones Q2 Jan – March	Milestones Q3 April – June	Milestones Q4	Year end	Status	Milestone met? (Met,	Comments

	Oct – Dec 2016	**2017**	**2017**	**July – Sept 2017**	**30 Sept 2017**		**partially, not met)**	
10.1. Ensure supervision by central level of 8 CPLTs six-monthly by 2 Directors (NTP and CTB) 7 days mission (total 8 missions) and follow up of RR-TB management in Kongo central and Haut Katanga		8 CPLTs and 2 provinces supervised by NTP staff		8 CPLTs and 2 provinces supervised by NTP staff	The 8 CPLTs and 2 provinces are supervised by the NTP/CTB director	In Q3: The 8 CTB-supported CPLTs were supervised from May 5, 2017 to June 21, 2017 by CTB staff and NTP staff. The following finding was: Under utilization of Xpert Supervision done by CPLT without data being analyzed Under prescription of IPT	Met	This activity planned in Q2 was postponed to Q3.
10.2 Support the supervision of CPLTs by two technicians from the central unit (10-day visit, once a year) for EQA and the supervision of 560 CSDT visits by the CPLT technician (each CSDT should be visited once a year: 556 visit days per year for 8	140 CSDT visited by TLP of CPLT	4 CPLTs supervised by central unit, 140 CSDT visited by TLP of CPLT	140 CSDT visited by TLP of CPLT	4 CPLTs supervised by central unit, 140 CSDT visited by TLP of CPLT	8 CPLTs supervised and 560 CSDT on EQA	From May 2017 to June 2017, 50% (2/4) CPLTs were supervised by the computer specialist to install Xpert machines in Maniema and Sankuru. At the provincial level, 69% (96/140) CSDTs	Met	The NTP modified the Xpert re-programming so Mongala, Kasaï and Kasaï Oriental didn't receive the additional Xpert machines as planned.

CPLTs)						were supervised by provincial lab technicians. The following findings were made during the supervision visits: The slides were not kept in boxes but in paper; the stock of reagents and slides was insufficient; slide selection was done by the lab technician (instead of the health zone supervisor); the sputum container was registered before the sample was received. After this finding , the health zone supervisors were involved on the follow up and reported to the CPLTs		
10.3.Ensure supervision by 2 people CPLT to the health zone (average 4 days) per quarter at 8 CPLT	112 HZ supervised by CPLT staff	112 HZ supervised by CPLT staff	112 HZ supervised by CPLT staff	112 HZ supervised by CPLT staff	the 112 Health zone are supervised by the CPLTs staff	In Q3: 83% (93/112) HZs were supervised by CPLT. During the supervision visits,	Partially met	Nineteen health zones in Kasaï, Kasaï Central, South Kivu and Maniema were not supervised due to insecurity.

						the following findings were made: Inconsistency between data at the health facility and data sent to the CPLT; excessive decentralization of DOT without briefing of health care workers at the CST; replication of tools with health zone funds because of stock out of tools sent by the NTP.		
10.4.Supervision by 2 peoples of health zone to the CSDT (average 2 days) per quarter Support the supervision of CSDTs by the ECZ team (transport costs and per diem 5 days HZ)	560 CSDTs supervised by HZ	560 CSDTs supervised by HZ	560 CSDTs supervised by HZ	560 CSDTs supervised by HZ	the 560 CSDTS are supervised by the HZ staff	67% (375/560) CSDTs were supervised by health zone staff in Q3.	Partially met	Funds budgeted for this activity turned out to be insufficient because of the increase in the price of fuel / transportation.
10.5 Provide supervisions in 16 prisons (1 day formative supervisions/monthly for 2 persons IS and TLP/3 prisons/CPLT)	16 big prison supervised by CPLT/CTB staff	16 big prison supervised by CPLT/CTB staff	16 big prison supervised by CPLT/CTB staff	16 big prison supervised by CPLT/CTB staff	26 big prison supervised by CPLT/CTB staff	From April 2017 to June 2017: 50% (8/16) big prisons were supervised by CPLT/CTB staff.	Met	Supervision was integrated in the routine supervision if the health zone visited had a big prison.

10.6 Ensure Quality Control by HQ		6 days supported by HQ 2 days distant support by KNCV	6 days supported by HQ 2 days distant support by KNCV	6 days supported by HQ 2 days distant support and in-country by KNCV	Technical supervision provided by HQ Timely quality QMRs, AR and Y4 work plan	Technical support continued to be provided by HQ. In this quarter, the main support focused on the XDR-TB management report from Washington, the APA4 preparation process and the QMR 3 template.	Met	
10.7 Support to NGOs functioning	NGOs provided activity report	NGOs provided activity report	NGOs provided activity report	NGOs provided activity report	NGOs are functional and contributed in implementing project	All partner NGOs (ALTB, LNAC, CAD, Femmes plus) signed their contract on May 5, 2017 for year 3 and submitted their activity report for Q3.	Met	

Annex 2. Quarterly Indicator Reporting

Sub-objective:	**1. Enabling Environment**					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
1.1.1. % of notified TB cases, all forms, contributed by non-NTP providers (i.e. private/non-governmental facilities)	sex	Quarterly	8 CTB CPLTs, 2015: 4% (1,565/35,811)	8 CTB CPLTs: 6% (2,597/43,291)	4% (845/21,281)	Data from October 2016 to June 2017
1.2.1. # of current/ex-TB patient groups engaged at the community level and also linked with the NTP		Annually	in 2015 ALTB: 940 CAD: 423 LNAC:86 FFP:75	in 2017 ALTB: 1,020 CAD: 523 LNAC:160 FFP:186	ALTB: 783 CAD: 316 LNAC: 138 FFP: 80	Data from October 2016 to June 2017 ALTB: 35 staff members resigned and the number of health zones covered by ALTB was reduced from 27 in Q2 to 22 in Q3. CAD: 25 staff members resigned from Q2 to Q3.

Sub-objective:	**2. Comprehensive, high quality diagnostics**					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
2.1.1. # of laboratories performing microscopy (stratified by LED florescence, Ziehl-Neelsen)		annually	233	560 (8 CPLTs)	Measured annually	
2.1.2. A current national TB laboratory operational plan exists		annually	2	3	Measured annually	

Sub-objective:	**2. Comprehensive, high quality diagnostics**					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
and is used to prioritize, plan and implement interventions.						
2.2.1. #/% of laboratories enrolled in EQA for smear microscopy		quarterly	National CTB CPLTs 470 (NTP 2015)	National CTB CPLTs: 560 (100%)	8 CTB-supported CPLTs Oct 2016 -June 2017 390 (70%: 390/560)	
2.2.2. #/% of laboratories showing adequate performance in external quality assurance for smear microscopy		quarterly	233 (50%) (NTP 2015)	90% (520)	8 CTB-supported CPLTs Oct 2016-June 2017 299 (77%: 299/390)	
2.2.6. Number and percent of laboratories performing C/DST that are implementing a laboratory quality management system (LQMS).		annually	1/3 (33%) (NTP 2015)	2/3 (66%)	Measured annually	
2.2.7. Number of GLI-approved TB microscopy network standards met		annually	5 standards met 1,3,6, 8 and 11)	7 standards met (1, 2, 3, 4, 6, 8 and 11….)	Measured annually	
2.3.1. Percentage of TB cases tested for RR-		Every six months	National: New cases: 0,14%% (104/76,620)	National New cases: X% (Y/ 110,960)	CTB-supported CPLTs:	Data from October 2016 to June 2017

Sub-objective:	**2. Comprehensive, high quality diagnostics**					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
/MDR-TB			Previously treated: 8% (351/4,341) CTB CPLTs: New cases: 0,16% (37/23,007) Previously treated: 6% (86/1,541)	Previously treated: 14,2% (1,231/8,669) CTB CPLTs: New cases: 8% (2,000/28,139) Previously treated: 95% (1,563/1,645)	Previously treated: 27% (353/1300)	Difficult to have information about new TB cases tested for RR as Xpert not used as an initial test for TB. The updated guidelines on using Xpert as initial test have not yet been printed and distributed in the field.
2.4.2. #/% of Xpert machines that are functional in country (stratified by Challenge TB, other)	CPLTS	Every six months and annually	National:46 CTB CPLTS: 17	National:93 CTB CPLTS: 28	National 58 CTB CPLTs: 18	In Q4, the number in CTB areas will increase to 25.
2.4.3. MTB positivity rate of Xpert test results		Every six months and annually	28% (728/2,584)	CTB CPLTs: TBD	29%:1,385/4,735	Data from October 2016 to June 2017
2.4.4. Rifampicin resistance rate of Xpert test results	New , retreatment and sex	Every six months and annually	National: CTB CPLTs: 123 (22 NC and 101 RT)	National: 696 CTB CPLTs: 300 RR (71 NC and 239 RT)	8 CTB-supported CPLTs Oct- 2016 to June 2017 4%: 195/4,735 (64 NC and 131 RT)	
2.4.6. #/% of new TB cases diagnosed using GeneXpert	sex	quarterly	1% (218/23,007)	CTB CPLTs: 5% (1,407/28,139)	CTB-supported CPLTs 2.7% (265/9,842)	Data from October 2016 to June 2017. More data come from Mbuji Mayi.
2.6.4. # of specimens transported for TB	Test (microscopy,	quarterly	2,500 (estimated	Microscopy: 10,000 Xpert: 7,200	8,183 samples transported	Data from October 2016 to June

Sub-objective:	**2. Comprehensive, high quality diagnostics**					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
diagnosis services	Xpert, C/DST)		September 2016)	C/DST: 1,080	for: - microscopy test: 3,433 (transported by NGOs) - Xpert test: 4,886 - culture, DST: 925 (250 for diagnosis)	2017
2.6.5. #/% of TB cases detected through a specimen transport system	Test (microscopy Xpert)	quarterly	650	1,720	225 bacteriologically confirmed TB cases were detected by microscopy out of 3,433 samples transported through the NGOs transport system. 1,385 *M. tb* cases (28%) were detected out of 5,007 samples transported for Xpert.	
2.6.9. DRC SPECIFIC: #/% of RR-/MDR-TB cases detected through a specimen transport system	Test (Xpert, C/DST)	quarterly	123 (5%) out of 2,584 samples transported	10-15%	195 RR-TB cases were detected out of 5,007 samples transported (4%: 195/5,007) and out of 1,385 samples in which M. tb was detected ((14%: 195/1,385).	Data from October 2016 to June 2017
2.7.1. #/% of laboratories implementing (internationally recommended) national biosafety standards (stratified by laboratories performing		annually	17	28	Measured annually	

Sub-objective:	**2. Comprehensive, high quality diagnostics**					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
culture, DST and Xpert)						

Sub-objective:	**3. Patient-centered care and treatment**					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
3.1.1. Number and percentage of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach	National, CTB CPLTs, NGOs	quarterly	National (2015): 120,434 8 CTB CPLTs (2015): 35,811 (30% of 120,434) Children: 4,222 (12%) PLHIV: N/A Mining: N/A Community referral (ACF/CI): 3,078 (9%) Private: 1,565 (4%) Prisons: 120	National (2017): 133,333 8 CTB CPLTs (2017): 43,291 Children: 5,627 (13%) PLHIV: 964 Mining: 101 Private: 2,597 (6%) Prisons: 201 Community referral (ACF/CI):5,493 (including 1,389 for contact investigation (3%) (cases per NGO: ALTB: 1,404, CAD: 1,427, LNAC: 1,695, FFP: 964)	Data from October 2016 to March 2017 for TB all cases: 8 CTB-supported CPLTs: 21,281 Data from October 2016 to June 2017 for private, prison, children, community referrals and NGOs: Private: 1,376 Prison: 128 Children: 1,516 Community referral: 3,651 ALTB: 650 CAD: 251	

Sub-objective:	**3. Patient-centered care and treatment**					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
					LNAC: 2,396 FFP: 354	
3.1.4. Number of RR-TB or MDR-TB cases notified	National, CTB areas	quarterly	National 501 (2015) CTB CPLTs 99 (2015)	National: 696 CTB CPLTs: 300	National: 160 RR-TB 8 CTB-supported CPLTs:195 RR-TB	Data from October 2016 to June 2017
3.1.5. #/% health facilities implementing intensified case finding (i.e. using SOPs)	CTB areas only	quarterly	TBD	TBD		We will be able to report some data in Q4.
3.1.6. Percentage of PLHIV in HIV clinical care who were screened for TB symptoms at the last clinical visit (PEPFAR indicator: TB_SCREEN)	National, CTB areas	quarterly	National: 16% (2014) CTB CPLTs: N/A	National: 30% CTB CPLTs: 99% (27,000/30,000)	CTB CPLTs : 38% (5,763/15,000)	Data from October 2016 to March 2017
3.1.8. % of TB cases (all forms) diagnosed among children (0-14)	National, CTB areas	quarterly	12% (2015)	13%	National: 11% (3,658/34,402) CTB: 14% (1,516/10,536)	Data from October 2016 to March 2017
3.1.13. #/% of presumptive TB patients referred by community referral systems	CPLT	quarterly	NA	10%	Through the 4 partner NGOs 9% (31,101/327,518)	Data from October 2016 to June 2017
3.1.14. #/% of total	CPLT	quarterly	7% (2,473/35,831)	3%	12% (3,646/31,101)	Data from October 2016 to June

Sub-objective:	**3. Patient-centered care and treatment**					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
cases notified that were referred or diagnosed via CB approaches						2017
3.1.21 DR SPECIFIC: Number screened by setting, population or case finding approach	CTB areas only	quarterly	NA	CTB areas: 1,674,575 Children: 47,643 PLHIV: 27,000 Mining: 3,000 Prisons: 6,000 Community referral: 51,435	8 CTB-supported CPLTs Children: 2,348 Prisons: 1,760 Community referrals: 31, 101	Data from October 2016 to June 2017
3.2.1. Number and percentage of TB cases successfully treated (all forms) by setting (i.e. private sector, pharmacies, prisons, etc.) and/or by population (i.e. gender, children, miners, urban slums, etc.).	National, CTB areas	annually	National: 89% CTB CPLTs:90 % (2015) Children: not available	National: 90% CTB CPLTs: 90 % (2017) Children: TBD	National: 89% 8 CTB-supported CPLTs: 91%	Data from year 2016 Q3
3.2.4. Patients started on MDR-TB treatment	National, CTB areas	quarterly	National: 476 (2015) CTB CPLTs: 68	National: 661 (95%) CTB CPLTs:285 (95% of diagnosed cases)	8 CTB-supported CPLTs: 190 DR-TB	Data from October 2016 to June 2017
3.2.7. Number and percentage of MDR-TB cases successfully treated	National, CTB areas	Annually	12/17 (71%) (cohort 2013)	National: 75% CTB CPLTs: 80% (228/285) short regimen	Measured annually	

Sub-objective:	**3. Patient-centered care and treatment**					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
3.2.8. #/% of PMDT sites reporting on treatment cohort status quarterly	CTB areas	quarterly		TBD	National: 14% (243/1746) 8 CTB-supported CPLTs: 10% (58/578)	
3.2.24. % MDR-TB patients who receive social or economic benefits	CTB areas only	quarterly		80%	All 235 patients received support 84 supported by CTB 151 supported by GF 36% supported by CTB. (84/235)	
3.2.22. #/% of TB patients followed by community-based workers/volunteers during at least the intensive phase of treatment	CTB areas only, new patients vs. lost-to-follow-up	quarterly		28 DR-TB 10% (28/285) DR-TB 412 TB	8 CTB-supported CPLTs Oct 2016- June 2017 0 DR-TB patient followed by community-based workers/volunteers 19% (89/480) TB patients followed by community-based workers/volunteers	

Sub-objective:	**4. Targeted screening for active TB**					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
4.1.1. #/% of bacteriologically confirmed pulmonary TB index cases for which contact investigations were undertaken		annually	23,007 TP+	28,139 TP+ (65%)	Measured annually	
4.1.3. #/% of contacts that are screened for TB disease	age	annually	N/A	46% (51,435/111,816)	Measured annually	

Sub-objective:	**5. Infection control**					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
5.2.3. Number and % of health care workers diagnosed with TB during reporting period		quarterly	TBD (End of 2017)	0,80%		Deferred to Q4.
5.1.2. #/% of health facilities implementing TB IC measures with Challenge TB support (stratified by TB and PMDT services)		quarterly	TBD	TBD		Deferred to Q4.

Sub-objective:	**6. Management of latent TB infection**					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
6.1.11. Number of children under the age of 5 years who initiate IPT		Quarterly and annually	TBD	3,160 (CTB areas only)	Measured annually	To date 1,165 children under five years received IPT (536 in Q1 and 629 in Q2)
6.1.12. Percentage of PLHIV newly enrolled in HIV clinical care who start isoniazid preventative therapy (IPT) (PEPFAR indicator: TB_IPT)		annually	TBD	30% (1,430/4,781) (CTB areas only)	Measured annually	To date 1,415 PLHIV start IPT (752 in Q1 and 663 in Q2)

Sub-objective:	**7. Political commitment and leadership**					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
7.2.1. % of NTP budget financed by domestic resources		annually	NA	TBD	Measured annually	
7.2.3. % of activity budget covered by private sector cost share, by specific		annually	0%	N/A	Measured annually	

Sub-objective:	7. Political commitment and leadership					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
activity						
Sub-objective:	**8. Comprehensive partnerships and informed community involvement**					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
8.1.3. Status of National Stop TB Partnership		annually	Not available	N/A - No CTB investment	Measured annually	
8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources		annually	50% (559,879/1,124,292)	TBD	Measured annually	
8.2.1. Global Fund grant rating		annually	B1	A	Measured annually	

Sub-objective:	9. Drug and commodity management systems					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
9.1.1. Number of stock outs of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)	CPLT, FLD/SLDs	quarterly	3 (Kanamycin, Cycloserine and Levofloxacin)	0 stock out	0 stock out	

Sub-objective:	**9. Drug and commodity management systems**					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
9.2.2. Number of patients (eligibility based on WHO/NTP criteria) started on bedaquiline	age and sex	quarterly	National 2 CTB CPLTs 0	National : 25 CTB CPLTS: 8	National: 24 8 CTB-supported CPLTs: 0	Data from October 2016 to June 2017
9.2.4. Number of MDR-TB patients started on shortened treatment regimens	age and sex	quarterly	National : CTB CPLTs: NA	National: 661 CTB CPLTs: 285	National: 261 8 CTB-supported CPLTs: 190	Data from October 2016 to June 2017

Sub-objective:	**10. Quality data, surveillance and M&E**					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
10.1.1. #/% of PMDT sites reporting consistently via the ERR		quarterly	TBD	TBD	Not Applicable	
10.1.2. #/% of eligible health facilities reporting TB data in real time or at least quarterly via the ERR		annually	0	0	Measured annually	

Sub-objective:	**10. Quality data, surveillance and M&E**					
Performance indicator	**Disaggregated by**	**Frequency of collection**	**Baseline (timeframe)**	**End of year target**	**Results to date**	**Comments**
10.1.4. Status of electronic recording and reporting system		annually	1	2	Measured annually	
10.2.1. Standards and benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented		annually	6 standards met (B1.1-4, B1.6 and B2.1)	TBD with CTB investment	Measured annually	
10.2.6. % of operations research project funding provided to local partner (provide % for each OR project)		annually	N/A	N/A - No CTB investment	Measured annually	
10.2.7. Operational research findings are used to change policy or practices (ex, change guidelines or implementation approach)		annually	0	No	Measured annually	

Sub-objective:	**11. Human resource development**

Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
11.1.2. % of planned supervisory visits conducted (stratified by NTP and Challenge TB funded)	CPLTs	quarterly	100% NTP to CPLTs 1 per semester CTB staff to CPLTs 8 per quarter CPLT to HZ 158 per quarter HZ to CSDT 560 per month CSDT to CST: not available	100% for 8 CPLTs NTP to CPLTs 8 (1/year/CPLT) CTB to CPLTs 32 (4/year/CPLT) CPLT to HZ 112 (4/yr/HZ) HZ to CSDT 560 (4/yr/CSDT)	8 CTB-supported CPLTs NTP to CPLT: 100% (8/8) CTB to CPLT: 50% (16/32) CPLT to HZ: 82% (183/224) HZ to CSDT: 67% (375/560)	Data from October 2016 to June 2017
11.1.3. Number of healthcare workers trained, by gender and technical area	sex, technical area	quarterly	940 community members (371F and 569M), 171 health care workers (26 F and 145 M) 552 lab technicians (48F and 504M) and 60 TB pediatric nurses and doctors (24F and 36M) trained	260 community members 20 lab technicians 632 health care workers		Deferred to Q4.
11.1.5. % of USAID TB funding directed to local partners		annually	11% (816,657/7,408,699)	15% (1,074,601/7,000,000)	Measured annually	

INDICATEURS MECC

DO1-11: Number of coalitions or networks strengthened to fulfill their mandate as a result of USG assistance.

Data Source	*DISAGGREGATED BY*		*Baseline value*		*FY 2017*		*Quarterly Results - FY2017*		
	Province	*Other (Sex, Sector, Institution, Age, etc.)*	*Year*	*Value*	*Annual Planned Cumulative Target*	*Annual Cumulative Actual*	*Q1*	*Q2*	*Q3*
Challenge TB quarterly reports	*Total of 8 CTB supported CPLT*	*4 Local NGOs: FFP, ALTB, CAD and LNAC*	2014	4	4	4	4	4	4
Challenge TB quarterly	*Kasai Central*	*Local NGO FFP (Femme Plus)*	2014	1	1	1	1	1	1

reports									
Challenge TB quarterly reports	*Kasai Orientale*	*Local NGO LNAC (Ligue National Anti TB)*	2014	1	1	1	1	1	1
Challenge TB quarterly reports	*Mongala*	*local NGO CAD (Club des Amie Action Damien)*	2014	1	1	1	1	1	1
Challenge TB quarterly reports	*Maniema*	*Local NGO FPP (Femme Plus)*	2014	1	1	1	1	1	1
Challenge TB quarterly reports	*Sankuru*	*Local NGO LNAC (Ligue National Anti TB)*	2014	1	1	1	1	1	1
Challenge TB quarterly reports	*Sud Kivu*	*Local NGO ALTB (Ambasadeurs de Lutte contre la TB)*	2014	1	1	1	1	1	1

DO1-18: Number of person-days of USG-supported technical or managerial training and/or mentoring provided by national -level technical unities to sub-national entities.

Data Source	*DISAGGREGATED BY*		*Baseline value*		*FY 2017*		*Quarterly Results - FY2017*		
	Province	*Other (Sex, Sector,*	*Year*	*Value*	*Annual Planned*	*Annual Cumulative*	*Q1*	*Q2*	*Q3*

		Institution, Age, etc.)			Cumulative Target	Actual			
Challenge TB quarterly reports	Challenge TB 8-supported CPLT (Kasai, Kasai, Central, Kasai Oriental, Lomami, Maniema, Mongala, Sankuru and Sud Kivu)	Challenge TB 8-supported CPLT (Kasai, Kasai, Central, Kasai Oriental, Lomami, Maniema, Mongala, Sankuru and Sud Kivu)	2016	1,774 (1,295 M & 479 F)	912		0	0	From April to June 2017, 346 community members (14 females and 332 males) were trained in the 8 CTB-supported provinces.

DO2-03: Number of adults and children initiating TB treatment as result of USG assistance *(Number of notification/detected)*

Data Source	DISAGGREGATED BY		Baseline value		FY 2017		Quarterly Results - FY2017		
	Province	Other (Sex, Sector, Institution, Age, etc.)	Year	Value	Annual Planned Cumulative Target	Annual Cumulative Actual	Q1	Q2	Q3
NTP quarterly reports	Kasai	Adults (+15 years)	2015	4109	5245		1196	948	Will be in Q4

NTP quarterly reports	*Kasai Central*	*Adults (+15 years)*	*2015*	4316	5272		1203	933	
NTP quarterly reports	*Kasai Orientale*	*Adults (+15 years)*	*2015*	5271	5990		2498	2794	
NTP quarterly reports	*Lomami*	*Adults (+15 years)*	*2015*	4181	4481		888	864	
NTP quarterly reports	*Maniema*	*Adults (+15 years)*	*2015*	2714	2922		691	763	
NTP quarterly reports	*Mongala*	*Adults (+15 years)*	*2015*	1251	2929		560	518	
NTP quarterly reports	*Sankuru*	*Adults (+15 years)*	*2015*	2206	2172		860	785	
NTP quarterly reports	*Sud Kivu*	*Adults (+15 years)*	*2015*	4475	7047		1198	1329	
NTP quarterly reports	*Kasai*	*Children (0-14 years)*	*2015*	317	715		129	125	
NTP quarterly reports	*Kasai Central*	*Children (0-14 years)*	*2015*	376	719		147	124	
NTP quarterly reports	*Kasai Orientale*	*Children (0-14 years)*	*2015*	859	817		470	525	
NTP quarterly reports	*Lomami*	*Children (0-14 years)*	*2015*	573	611		222	193	
NTP quarterly reports	*Maniema*	*Children (0-14 years)*	*2015*	336	399		129	132	
NTP quarterly reports	*Mongala*	*Children (0-14 years)*	*2015*	103	399		91	46	
NTP quarterly reports	*Sankuru*	*Children (0-14 years)*	*2015*	153	296		70	120	

NTP quarterly reports	*Sud Kivu*	*Children (0-14 years)*	*2015*	627	961		258	253	
Data Source	*DISAGGREGATED BY*		*Baseline value*		*FY 2017*		*Quarterly Results - FY2017*		
	Province	*Other (Sex, Sector, Institution, Age, etc.)*	*Year*	*Value*	*Annual Planned Cumulative Target*	*Annual Cumulative Actual*	*Q1*	*Q2*	*Q3*
NTP quarterly reports	*Kasai*	*Adults (+15 years)* ***H/F***					709/487	540/408	Will be in Q4
NTP quarterly reports	*Kasai Central*	*Adults (+15 years)* ***H/F***					693/510	510/423	
NTP quarterly reports	*Kasai orientale*	*Adults (+15 years)* ***H/F***					1278/1220	1437/1357	
NTP quarterly reports	*Lomami*	*Adults (+15 years)* ***H/F***					428/460	441/423	
NTP quarterly reports	*Maniema*	*Adults (+15 years)* ***H/F***					381/310	419/344	
NTP quarterly reports	*Mongala*	*Adults (+15 years)* ***H/F***					307/253	281/237	
NTP quarterly reports	*Sankuru*	*Adults (+15 years)* ***H/F***					427/433	410/375	
NTP quarterly reports	*Sud Kivu*	*Adults (+15 years)* ***H/F***					740/458	839/490	
NTP quarterly reports	*Kasai*	*Children (0-14 years)* ***H/F***					67/62	57/68	
NTP quarterly reports	*Kasai Central*	*Children (0-14 years)* ***H/F***					77/70	54/70	

NTP quarterly reports	*Kasai orientale*	*Children (0-14 years)* ***H/F***					257/213	284/241		
NTP quarterly reports	*Lomami*	*Children (0-14 years)* ***H/F***					112/110	109/84		
NTP quarterly reports	*Maniema*	*Children (0-14 years)* ***H/F***					68/61	67/65		
NTP quarterly reports	*Mongala*	*Children (0-14 years)* ***H/F***					42/49	23/23		
NTP quarterly reports	*Sankuru*	*Children (0-14 years)* ***H/F***					41/29	58/62		
NTP quarterly reports	*Sud Kivu*	*Children (0-14 years)* ***H/F***					114/144	129/124		

DO2-08: Percent of population who use selected facilities

Data Source	*DISAGGREGATED BY*		*Baseline value*		*FY 2017*		*Quarterly Results - FY2017*		
	Province	*Other (Sex, Sector, Institution, Age, etc.)*	*Year*	*Value*	*Annual Planned Cumulative Target*	*Annual Cumulative Actual*	*Q1*	*Q2*	*Q3*
NTP quarterly reports	*All 8 CTB supported CPLT*		***2016***	**79%**	**79%**		**81%**	**89%**	Will be in Q4
NTP quarterly reports	*Kasai*		*2016*	97%	97%		97%	93%	
NTP quarterly reports	*Kasai Central*		*2016*	87%	87%		87%	93%	

NTP quarterly reports	*Kasai orientale*		*2016*	78%	78%		80%	87%	
NTP quarterly reports	*Lomami*		*2016*	81%	81%		71%	91%	
NTP quarterly reports	*Maniema*		*2016*	81%	81%		83%	87%	
NTP quarterly reports	*Mongala*		*2016*	49%	49%		82%	86%	
NTP quarterly reports	*Sankuru*		*2016*	91%	91%		76%	93%	
NTP quarterly reports	*Sud Kivu*		*2016*	61%	61%		70%	85%	

DO2-12: Number of USG-assisted organizations and /or service delivery systems strengthened who serve vulnerable populations

Data Source	*DISAGGREGATED BY*		*Baseline value*		*FY 2017*		*Quarterly Results - FY2017*		
	Province	*Other (Sex, Sector, Institution, Age, etc.)*	*Year*	*Value*	*Annual Planned Cumulative Target*	*Annual Cumulative Actual*	*Q1*	*Q2*	*Q3*
Challenge TB quarterly reports		*4 Local NGOs: FFP, ALTB, CAD and LNAC*	*2014*	4	4	4	4	4	4
	Kasai Central	*Local NGO FFP*	*2014*	1	1	1	1	1	1

		(Femme Plus)							
	Kasai Orientale	*Local NGO LNAC (Ligue National Anti TB)*	*2014*	1	1	1	1	1	1
	Maniema	*Local NGO FPP (Femme Plus)*	*2014*	1	1	1	1	1	1
	Mongala	*local NGO CAD (Club des Amie Action Damien)*	*2014*	1	1	1	1	1	1
	Sankuru	*Local NGO LNAC (Ligue National Anti TB)*	*2014*	1	1	1	1	1	1
	Sud Kivu	*Local NGO ALTB (Ambassadeurs de Lutte contre la TB)*	*2014*	1	1	1	1	1	1

DO2-23: Number of citizens participating with CBO/CSO service access advocacy groups

Data Source	*DISAGGREGATED BY*		*Baseline value*		*FY 2017*		*Quarterly Results - FY2017*		
	Province	*Other (Sex, Sector, Institution, Age, etc.)*	*Year*	*Value*	*Annual Planned Cumulative Target*	*Annual Cumulative Actual*	*Q1*	*Q2*	*Q3*
Challenge TB quarterly reports		*Challenge TB (CTB) LNAC NGO*	*2016*		35		0	0	30

3.1.2.1-5: National TB smear microscopy laboratory coverage (Number of CSDT functional)

Data Source	*DISAGGREGATED BY*		*Baseline value*		*FY 2017*		*Quarterly Results - FY2017*		
	Province	*Other (Sex, Sector, Institution, Age, etc.)*	*Year*	*Value*	*Annual Planned Cumulative Target*	*Annual Cumulative Actual*	*Q1*	*Q2*	*Q3*
NTP ME service	*Kasai*	*Challenge TB (CTB)*	*2014*	77	77		77	77	77
NTP ME service	*Kasai Central*	*Challenge TB (CTB)*	*2014*	97	97		97	97	97

NTP ME service	*Kasai orientale*	*Challenge TB (CTB)*	*2014*	106	84		84	84	84
NTP ME service	*Lomami*	*Challenge TB (CTB)*	*2016*	-	65		65	65	65
NTP ME service	*Maniema*	*Challenge TB (CTB)*	*2014*	54	59		59	59	59
NTP ME service	*Mongala*	*Challenge TB (CTB)*	*2014*	53	53		53	53	53
NTP ME service	*Sankuru*	*Challenge TB (CTB)*	*2014*	49	49		49	49	49
NTP ME service	*Sud Kivu*	*Challenge TB (CTB)*	*2014*	113	113		113	113	113

HL.2.4-1: Number of multi-drug resistant tuberculosis cases detected

Data Source	*DISAGGREGATED BY*		*Baseline value*		*FY 2017*		*Quarterly Results - FY2017*		
	Province	*Other (Sex, Sector, Institution, Age, etc.)*	*Year*	*Value*	*Annual Planned Cumulative Target*	*Annual Cumulative Actual*	*Q1*	*Q2*	*Q3*
Quarterly NTP/CPLT ME reports	*Kasai*	*Challenge TB (CTB)*	*2014*	0	36	4	4	6	2

Quarterly NTP/CPLT ME reports	*Kasai Central*	*Challenge TB (CTB)*	*2014*	11	37	10	10	2	2
Quarterly NTP/CPLT ME reports	*Kasai orientale*	*Challenge TB (CTB)*	*2014*	32	93	26	26	36	25
Quarterly NTP/CPLT ME reports	*Lomami*	*Challenge TB (CTB)*	*2016*	0	29	3	3	7	16
Quarterly NTP/CPLT ME reports	*Maniema*	*Challenge TB (CTB)*	*2014*	0	20	1	1	1	2
Quarterly NTP/CPLT ME reports	*Mongala*	*Challenge TB (CTB)*	*2014*	0	20	4	4	1	10
Quarterly NTP/CPLT ME reports	*Sankuru*	*Challenge TB (CTB)*	*2014*	0	15	2	2	0	12
Quarterly NTP/CPLT ME reports	*Sud Kivu*	*Challenge TB (CTB)*	*2015*	26	49	10	10	1	12

HL.2.4-2: Number of multi-drug resistant tuberculosis cases that have initiated second line treatment

Data Source	*DISAGGREGATED BY*		*Baseline value*		*FY 2017*		*Quarterly Results - FY2017*		
	Province	*Other (Sex, Sector,*	*Year*	*Value*	*Annual Planned*	*Annual Cumulative*	*Q1*	*Q2*	*Q3*

		Institution, Age, etc.)			*Cumulative Target*	*Actual*			
Quarterly NTP/CPLT ME reports	*Kasai*	*Challenge TB (CTB)*	*2014*	0	36	3	3	6	1
Quarterly NTP/CPLT ME reports	*Kasai Central*	*Challenge TB (CTB)*	*2014*	11	37	10	10	1	2
Quarterly NTP/CPLT ME reports	*Kasai orientale*	*Challenge TB (CTB)*	*2014*	32	93	24	24	32	25
16Quarterly NTP/CPLT ME reports	*Lomami*	*Challenge TB (CTB)*	*2016*	0	29	3	3	6	16
Quarterly NTP/CPLT ME reports	*Maniema*	*Challenge TB (CTB)*	*2014*	0	20	1	1	0	2
Quarterly NTP/CPLT ME reports	*Mongala*	*Challenge TB (CTB)*	*2014*	0	20	3	3	0	9
Quarterly NTP/CPLT ME reports	*Sankuru*	*Challenge TB (CTB)*	*2014*	0	15	2	2	0	12
Quarterly NTP/CPLT ME reports	*Sud Kivu*	*Challenge TB (CTB)*	*2015*	26	49	7	7	4	11